NMMCP TABLE OF CONTENTS 482 NAC 1-000

TITLE 482 NEBRASKA MEDICAID MANAGED CARE

| 1-000 1-001 1-002 1-003 1-004 | General Information - Nebraska Health Connection Background Information Purpose Legal Basis Definitions | | |
|---|---|--|--|
| 2-000 2-001 | Client Participation and Enrollment - Basic Benefits Package Mandatory and Excluded Clients 2-001.01 Mandatory for the Basic Benefits Package 2-001.02 Designated Coverage Area for the NHC Basic Benefits Package | | |
| 2-002 | 2-001.03 Excluded Clients Enrollment for the NHC Basic Benefits Package 2-002.01 Purpose of Enrollment Process 2-002.02 Process at Initial Eligibility Interview 2-002.03 Enrollment Activities 2-002.03A Reenrollment 2-002.03B Enrollment for the Clients who are Blind/Disabled and | | |
| | Departmental Ward/Foster Care Clients 2-002.03C Enrollment of the Unborn When the Mother is Ineligible 2-002.03D Enrollment of a Pregnant Woman and Her Unborn Child for the Basic Benefits Package 2-002.03E Changes in Eligibility 2-002.03F Follow-Up Contact by the EBS 2-002.03G Priorities for Follow-up Contact | | |
| 2.002 | 2-002.04 Enrollment Rules 2-002.05 Effective Date of NHC Coverage 2-002.05A Services Before Enrollment in NHC 2-002.05B Notification of NHC Coverage 2-002.05C Transition Period 2-002.05D Hospitalization 2-002.06 Automatic Assignment for the Basic Benefits Package Transfers | | |
| 2-003 | 2-003.01 Client Transfer Requests 2-003.01A Exception 2-003.02 EBS Responsibilities 2-003.03 Primary Care Physician (PCP) or Medical/Surgical Plan Transfer Requests 2-003.03A Procedure for PCP and Medical/Surgical Plan Transfer Requests 2-003.03B PCP and Medical/Surgical Plan Requirements 2-003.03C Required Documentation 2-003.03D EBS Involvement 2-003.03E Interim PCP Assignment | | |
| | 2-003.04 Hospitalization During Transfer | | |

| REV. JUNE 28, 1999 |
|-----------------------|
| MANUAL LETTER # 29-99 |

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

NMMCP TABLE OF CONTENTS 482 NAC 2-004

| 2-004 | Disenrollment/Waiver of Enrollment 2-004.01 Disenrollment Due to Eligibility Changes 2-004.01A Hospitalization-Related Disenrollments 2-004.02 Disenrollment/Waiver of Enrollment Due to Special Circumstance 2-004.02A Disenrollment/Waiver of Enrollment for Pregnant Woman 2-004.02B General Requirements 2-004.04 Admission to Nursing Facility Care | | |
|----------------------------------|--|--|--|
| 3-000 3-001 3-002 3-003 | Enrollment Broker Services - Basic Benefits Package Overview of Enrollment Broker Services Distribution of Informational and Marketing Materials Enrollment Activities 3-003.01 Enrollment Outreach | | |
| 3-004 | 3-003.02 Health Assessment Public Health Nursing (PHN) 3-004.01 Reasons for Referral 3-004.02 PHN Outreach 3-004.03 PHN Needs Assessment 3-004.04 Documentation of Requests for PHN Services 3-004.05 Coordination with the PCP, Medical/Surgical Plan and Healthcare Delivery Team 3-004.06 HEALTH CHECK (EPSDT) Outreach | | |
| 3-005 3-006 | Helpline Client Satisfaction | | |
| 3-007 3-008 | 3-006.01 Survey Tool Client Advocacy Lock-In Procedures | | |
| 4-000 4-001 4-002 | The Basic Benefits Package Introduction Primary Care Physician (PCP) 4-002.01 Functionality of the PCP 4-002.02 Types of Providers 4-002.02A Designated Specialty Care Physicians 4-002.03 Limit on Number of Enrollees 4-002.04 PCP Qualifications and Responsibilities 4-002.05 PCP Disenrollment 4-002.05A Interim PCP Assignment | | |
| 4-003 | Managed Care Plan 4-003.01 General Requirements 4-003.02 HEALTH CHECK (EPSDT) 4-003.03 Third Party Liability (TPL) Requirements 4-003.04 Provider Payments Participating in an HMO 4-003.04A Timeliness of Provider Payments | | |

| REV. JUNE 28, 1999 |
|-----------------------|
| MANUAL LETTER # 29-99 |

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

NMMCP TABLE OF CONTENTS 482 NAC 4-004

| 4-004 | Rasic Renefits Pack | kage General Provisions |
|-------|------------------------|--|
| 7 007 | | ices in the Basic Benefits Package |
| | | Excluded Services |
| | | ly Planning Services |
| | | rgency Services |
| | 4-004.04A | Emergency Services Provided to NHC Clients |
| | | al Health/Substance Abuse (MH/SA) Coordination Issues |
| | 4-004.05A | Emergency Room Services for MH/SA Services |
| | | Admissions for 24-Hour Observation |
| | 4-004.05C | |
| | 4-004.05D | History and Physical (H&P) Exams for Inpatient Admissions for MH/SA Services |
| | 4-004.05E | Ambulance Services for NHC Clients Receiving MH/SA Treatment Services |
| | 4-004.05F | Injections Associated with MH/SA Services |
| | 4-004.05G | Lab, X-Ray and Anesthesiology Associated with MH/SA Services |
| | | rally Qualified Health Centers (FQHC) |
| | | fied Nurse Midwife Services |
| 4-005 | Payment for Service | |
| | | Ilment Report |
| | | erage for Pregnant Women/Newborns |
| | | nent for NHC Services - HMO nent for NHC Services - PCCM |
| | , | oupments/Reconciliation |
| | | g the Client |
| | 7 000.00 Dilling | g the Oneth |
| 5-000 | The Mental Health a | and Substance Abuse (MH/SA) Package |
| 5-001 | Introduction | |
| | | datory Clients for the Mental Health/Substance Abuse Package |
| | | uded Clients |
| | | Ilment for the Mental Health and Substance Abuse MH/SA Package |
| | 5-001.03A | Changes in Eligibility |
| | 5-001.03B | Effective Date of MH/SA Coverage |
| | 5-001.03C | |
| | 5-001.03D 5-001.03E | Notification of NHC Coverage Transition Period |
| | | nrollment/Waiver of Enrollment |
| | 5-001.04A | Disenrollment Due to Eligibility Changes |
| | 5-001.04A | Disenrollment/Waiver of Enrollment Due to Special Circumstance |
| | 5-001.04C | General Requirements |
| 5-002 | MH/SA Provider | Sonoral resquironionio |
| | | s of Providers |
| | | on Number of Clients |
| | 5-002.03 MH/S | SA Provider Qualifications and Responsibilities |
| | | SA Provider Non-Participation |
| | | aged Care Plan |
| | 5-002.05A | General Requirements |
| | 5-002.05B | Third Party Liability (TPL) Requirements |
| | 5-002.05C | Provider Payments |

| REV. JUNE 28, 1999 |
|-----------------------|
| MANUAL LETTER # 29-99 |

NEBRASKA HHS FINANCE AND SUPPORT MANUAL

NMMCP TABLE OF CONTENTS 482 NAC 5-003

| 5-003 5-004 | MH/SA Package General Provisions Services in the MH/SA Package | | | |
|----------------|---|--|--|--|
| 5-004 | Services for Emergency Medical Conditions | | | |
| | 5-005.01 Emergency Services Provided to NHC Clients | | | |
| 5-006 | Medical/Surgical Coordination Issues | | | |
| | 5-006.01 Emergency Room Services for MH/SA Services | | | |
| | 5-006.02 Admissions for 24-Hour Observation | | | |
| | 5-006.03 Chemical Detoxification Services and Substance Abuse Treatment | | | |
| | 5-006.04 History and Physical (H&P) Exams for Inpatient Admissions for MH/SA Services | | | |
| | 5-006.05 Ambulance Services for NHC Clients Receiving MH/SA Treatment Services | | | |
| | 5-006.06 Injections Associated with MH/SA Services | | | |
| | 5-006.07 Lab, X-Ray and Anesthesiology Associated with MH/SA Services | | | |
| 5-007 | Federally Qualified Health Centers (FQHC) | | | |
| 5-008 | Payment for Services | | | |
| | 5-008.02 Payment to the MH/SA Provider | | | |
| | 5-008.03 Recoupments/Reconciliation | | | |
| | 5-008.04 Enrollment Report 5-008.04A Coverage for Pregnant Women/Newborns | | | |
| 5-009 | Payment for NHC Services - MH/SA Plan | | | |
| 5-010 | Billing the Client | | | |
| | | | | |
| 6-000 | Quality Assurance/Improvement (QA/QI) | | | |
| 6-001 | Overall Quality Framework | | | |
| 6-002 | Continuous Quality Assurance/Quality Improvement Program | | | |
| | 6-002.01 Purpose | | | |
| | 6-002.02 Goals 6-002.03 Objectives | | | |
| | 6-002.03 Objectives 6-002.04 Scope | | | |
| | 6-002.04A QA/QI Staff | | | |
| | 6-002.05 Quality Assurance Committee | | | |
| | 6-002.06 Quality Assurance Subcommittees | | | |
| | 6-002.07 Provider Participation | | | |
| | 6-002.08 Data and Information Sources | | | |
| | 6-002.09 Review Process | | | |
| | 6-002.10 Levels of Concern | | | |
| | 6-002.11 Corrective Action | | | |
| 6-003 | Quality Improvement Process | | | |
| 0.004 | 6-003.01 Medical/Surgical Specific | | | |
| 6-004 | Plan Review | | | |
| 6-005 | 6-004.01 Review Activities Accreditation | | | |
| 6-005 | Submission and Use of Encounter Data | | | |
| 0-000 | 6-006.01 Reporting | | | |
| | 6-006.02 Performance Measures | | | |
| 6-007 | Data Requirement for PCCMs Only | | | |
| | 6-007.01 Reporting | | | |
| | | | | |

REV. JUNE 28, 1999

MANUAL LETTER # 29-99

NEBRASKA HHS FINANCE

AND SUPPORT MANUAL

TABLE OF CONTENTS

482 NAC 7-000

| 7-000 | Rights and Responsibilities |
|-------|---|
| 7-001 | Rights and Responsibilities for Clients Enrolled in the Basic NHC |
| | 7-001.01 Provider Rights and Responsibilities |
| 7-002 | Grievance/Appeal Process |
| | 7-002.01 Avenues for Provider Grievances/Complaints |
| 7-003 | System Advocacy |
| 7-004 | Cultural Sensitivity and Diversity |
| | |